

Registration District No. 290

Primary Registration District No. 6188

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Hayne
(b) City or town Redmont, Mo. R. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Martha Alice Kimes

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Kimes 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 19 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Carter County - Mo. - 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business _____

MOTHER FATHER
12. Name unknown 9
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

15. (a) Informant James Kimes
(b) Address Redmont, Mo. R. 1

17. (a) Burial (b) Date thereof Sept 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty

18. (a) Signature of funeral director Station Funeral Home

(b) Address Dexter, Mo.

19. (a) Sept 26-40 (b) Mabel Beasley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hayne
(c) City or town Redmont, Mo. R. 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1940 hour 4:00 minute _____ M.

21. I hereby certify that I attended the deceased from June
21, 1939, to Sept 22, 1940
that I last saw her alive on 9/22/40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death decompensating
heart - terminal (stated)
pneumonia
Due to decomp. heart,
Due to old age

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. J. Collins M.D. (M. D. or other) 17
Address Redmont, Mo. Date signed 9/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

95132

Mrs. A. L. Basly
Lea Park, Md

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Virgil H. Kelch

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Defton, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33421**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **890**

Primary Registration District No. **6188**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Wayne**
(b) City or town **St. Francis T.P.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Martha Alice Hemes**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **74** Months **6** Days **4** If less than one day _____ hr _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month **Sept** day **23** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him _____ alive on _____ and that death occurred _____ the date and hour stated above.

Immediate cause of death **Decompensated Heart - Terminal (static) pneumonia lobes**

Due to **Decompensated Heart**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Duration
Underline the cause to which death should be charged statistically.

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